

E-filed on August 8, 2014**Samuel A. Schwartz.****Esq.**

Name

**10985**

Bar Code #

**6623 Las Vegas Blvd.****South, Suite 300****Las Vegas, NV 89119**

Address

**(702) 385-5544**

Phone Number

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA**In re: **Diagnostics Research Corporation**Case No.: **14-15195-ABL**Chapter: **11**

Trustee

Debtor(s)**AMENDMENT COVER SHEET**

The following items have been amended in the above named bankruptcy proceeding (check all applicable boxes).

- ☐ Voluntary Petition (specify reason for amendment)
- ☐ Summary of Schedules
- ☐ Statistical Summary of Certain Liabilities
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as exempt
- ☒ Schedule D, E, or F, and/or Matrix, and/or List of Creditors or Equity Holders
- ☐ Add/delete creditor(s), change amount or classification of debt - **\$30.00 Fee required**
- ☐ Add/change address of already listed creditor - **No fee**
- ☒ Schedule G - Schedule of Executory Contracts and Unexpired Leases
- ☐ Schedule H - CoDebtors
- ☐ Schedule I - Current Income of Individual Debtor(s)
- ☐ Schedule J - Current Expenditures of Individual Debtor(s)
- ☐ Declaration Concerning Debtor's Schedules
- ☐ Statement of Financial Affairs and/or Declaration
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Disclosure of Compensation of Attorney for Debtor(s)
- ☐ Statement of Current Monthly Income and Means Test Calculation
- ☐ Certification of Credit Counseling
- ☐ Other:

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**Amendment of debtor(s) Social Security Number requires the filer to follow the instructions provided by the Office of the U.S. Trustee, see link to the U.S. Trustee's website on our website: [www.nvb.uscourts.gov](http://www.nvb.uscourts.gov)**

**Declaration of Debtor**

I (We) declare under penalty of perjury that the information set forth in the amendment(s) attached hereto is (are) true and correct to the best of my (our) information and belief.

/s/ W. Stanton Sutton

W. Stanton Sutton

**Debtor's Signature**

**Date:** August 8, 2014

B6F (Official Form 6F) (12/07)

In re **Diagnostics Research Corporation**Case No. **14-15195-ABL**

Debtor

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R  H U S B A N D W I F E J O I N T C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx5953</b>  <b>ADP - Automatic Data Processing, Inc.</b> <b>(Major Accounts)</b> <b>1 ADP Boulevard</b> <b>Roseland, NJ 07068</b>	-	<b>Payroll Services</b>				<b>0.00</b>
Account No.  <b>ADP Insurance Agency</b> <b>P.O. Box 33015</b> <b>San Antonio, TX 78265</b>	-	<b>Workers Comp Insurance Agent</b>				<b>0.00</b>
Account No. <b>xx1353</b>  <b>Greenberg Traurig, LLP</b> <b>3773 Howard Hughes Pkwy, Ste. 500</b> <b>Las Vegas, NV 89169</b>	-	<b>2011-2012</b> <b>Legal Service Fees</b>			<b>X</b>	<b>16,424.40</b>
Account No. <b>xxxxx-x0001</b>  <b>Lewis and Roca, LLP</b> <b>3993 Howard Hughes Pkwy #600</b> <b>Las Vegas, NV 89169</b>	-	<b>2011-2012</b> <b>Legal Service Fees</b>				<b>48,928.91</b>
Subtotal (Total of this page)						<b>65,353.31</b>
Total (Report on Summary of Schedules)						<b>65,353.31</b>

0 continuation sheets attached

In re **Diagnostics Research Corporation**Case No. **14-15195-ABL**

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>MS Crescent 3980 Hughes SPV, LLC 3800 Howard Hughes Pkwy, Ste. 150 Attn: Property Manager Las Vegas, NV 89169</b>	<b>Lease for commercial office space located at 3980 Howard Hughes Parkway, Las Vegas, NV 89169.</b>
<b>RBC Distribution Technologies Attn: Riley Allen 429 S. Keller Road #300 Orlando, FL 32810</b>	<b>Settlement Agreement re: Master Distribution Agreement</b>
<b>Telepacific Communications 3300 North Cimarron Road Las Vegas, NV 89129</b>	<b>Utility services contract</b>